



PTO/SB/21 (09-04)

2123
THW**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number

09/888,261

Filing Date

June 21, 2001

First Named Inventor

NIKOLSKIY, SERGEY

Art Unit

2123

Examiner Name

Ayal I. Sharon

Attorney Docket Number

018563-003410US

ENCLOSURES (Check all that apply)

- | | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Michael T. Rosato

Date

December 21, 2005

Reg. No.

52,182

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Jennifer M. Smolen

Date

December 21, 2005

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Dec. 21, 2005

By:



PATENT

Attorney Docket No.: 018563-003410US

Client Ref. No.: AT-00075.1US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SERGEY NIKOLSKIY et al.

Application No.: 09/888,261

Filed: June 21, 2001

For: EFFICIENT DATA
REPRESENTATION OF TEETH
MODEL

Customer No.: 46718

Confirmation No. 9129

Examiner: Ayal I. Sharon

Technology Center/Art Unit: 2123

AMENDMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 20, 2005, please enter the following amendments and remarks:

Amendments to the Claims, which are reflected in the listing of claims which begins on page 2 of this paper.

Remarks, which begin on page 5 of this paper.